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APPLICANTS

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**** CONTINUING DATA ****

This application is a CIP of 10/055,137 01/23/2002 PAT 6,716,109 *OK AON 5/23/05 OK AON 11/16/05 OK AON 1/23/06*

**** FOREIGN APPLICATIONS **** *OK AON 5/23/05 OK AON 11/16/05 1/23/06 AON*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IA	SHEETS DRAWING 12	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>AON</i>		

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TITLE
 Putting aid and method for using same

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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